11-30-01

ATTORNEY DOCKET NO.: P-9682.00 Express Mail Label No.: EE421897292US

> IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

**PATENT Total Pages** 

NAMED INVENTOR OR APPLICATION IDENTIFIER: Forrest C.M. Pape et al. MPLANTABLE MEDICAL DEVICE FOR MEASURING MECHANICAL HEART FUNCTION

> CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope

Molly Chlebeck Printed Name Commissioner for Patents **BOX PATENT APPLICATION** Washington, D.C. 20231

Sir:
We are transmitting herewith the attached:
Patent Application Transmittal
Specification:
Total pages: <u>58</u> (including claims and abstract: Spec. <u>43</u> sheets; Claims <u>14</u> sheets; Abstract <u>1</u>
Drawings:

Total sheets:

formal [ 🛛 informal Combined Declaration and Power of Attorney:  $\boxtimes$ executed

copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)

Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

Accompanying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. 1/2 Assignment cover sheet Information Disclosure Statement PTO Form 1449

IF A C

D X	Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard
NUNITAC	NG APPLICATION:
	Continuation Divisional Continuation-in-part (CIP) of prior application No/
	Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation ☐ division ☐ continuation in part of application number, filed
	Cancel in this application original claimsof the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
	The prior application is assigned of record to Medtronic, Inc.

	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed					
X	Address all future correspondence to:	Beth L. McMahon, Reg. No. 41,987  Medtronic, Inc., MS 301 710 Medtronic Parkway  Mailstop LC340  Minneapolis, Minnesota 55432  Telephone: (763) 514-3066  Facsimile: (763) 505-2530				

FEE CALCULATION	No. of Claims Filed	Claims Inclu Base Fee	uded in	No. of Extra Claims	Rate	Fee
Total Claims	57	20	=	37	x 18	\$666.00
Independent Claims	7	3	=	4	x 84	\$336.00
Multiple Dependent Claims					+ 280	
Basic Filing Fee						\$740.00
					TOTAL	\$1,742.00

Charge Deposit Account No. 13-2546 the amount of \$1,742.00 and \$40.00 for the assignment recordation fee for a **TOTAL OF** \$1,782.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Charge Deposit Account No.

OF \$1,782.00.

The Commissioner is hereby overpayment to Deposit Account Account No.

Date

Beth L. McMahon, Reg. No. 41,987

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